

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.: 212847US-2 First Inventor or Application Identifier: KUNIHICO TOMITA
Title: METHOD AND APPARATUS FOR IMAGE FORMING CAPABLE OF PERFORMING AN EFFECTIVE FIXING PROCESS		Assignee Name: Assignee Address:

11000 U.S. PTO
 09/933153
 08/21/01

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. Specification Total Sheets **65**

3. Formal Drawing(s) Total Sheets **13**
(35 U.S.C. 113)

4. Oath or Declaration Total Pages

a. ☐ Newly executed (original or copy)

b. ☐ Copy from a prior application (37 C.F.R. §1.63(d))
(for continuation / divisional w/ box 17 completed)

i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(c)(2) and 1.33(b).

5. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)

b. Specification or Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); or

ii. ☐ Paper

c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))

8. ☒ **Application Data Sheet. See 37 CFR 1.76**

9. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)

10. ☐ English Translation Document (if applicable)

11. ☒ **IDS/Related/List of Related Cases (3)**

12. ☐ Preliminary Amendment

13. ☒ **White Advance Serial No. Postcard**

14. ☒ **Certified Copy of Priority Document(s) (3)**
(if foreign priority is claimed)

15. ☐ Applicant claims small entity status.
See 37 CFR 1.27

16. ☒ **Other: REQUEST FOR PRIORITY LIST OF INVENTORS**

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
of prior application no.:

Prior application information: Examiner:
Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:


☐ This application is a ☐ Continuation ☐ Division ☐ Continuation-in-part (CIP)
of application Serial No. Filed on

☐ Which was published in English

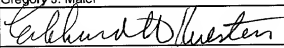
☐ Which was not published in English

☐ This application claims priority of provisional application Serial No.
Filed

19. CORRESPONDENCE ADDRESS



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Name: Gregory J. Maier	Registration No.: 25,599
Signature: 	Date: August 21, 2001
Name: Eckhard H. Kuesters	Registration No.: 28,870

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) KUNIHICO TOMITA ET AL

SERIAL NO: New Application

FILING DATE: Herewith

FOR: METHOD AND APPARATUS FOR IMAGE FORMING CAPABLE OF PERFORMING AN EFFECTIVE FIXING PROCESS

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	75 - 20 =	55	× \$18 =	\$990.00
INDEPENDENT CLAIMS	5 - 3 =	2	× \$80 =	\$160.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$270 =	\$0.00
<input checked="" type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$130.00
BASIC FEE				\$710.00
TOTAL OF ABOVE CALCULATIONS				\$1,990.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
TOTAL				\$1,990.00

- ☐ Please charge Deposit Account No. 15-0030 in the amount of _____ A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$1,990.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

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(OSMMN 10/00)